| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  Application or Docket Numb                                                                                                                                                                                                                                                                                                                                                |                                            |                                                 |                                                                      |                               |                                        |                                  |      |                                         |                        |    |              | nmper                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|-------------------------------|----------------------------------------|----------------------------------|------|-----------------------------------------|------------------------|----|--------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | CLAIMS A                                        | AS FILED - (Column                                                   | Column 2)                     |                                        | SMALL ENT                        | TITY | OR                                      | OTHER<br>SMALL E       |    |              |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                 | 16                                                                   |                               |                                        |                                  |      | RATE                                    | FEE                    |    | RATE         | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                 | SMALL ENT = \$ 150                                                   |                               | LARG                                   | SE ENT. = \$ 300                 |      | BASIC FEE                               |                        | OR | BASIC FEE    | 300                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                   |                               |                                        | her situations =<br>100 / \$ 200 |      | EXAM. FEE                               |                        |    | EXAM. FEE    | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                 | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               | ALL other situations = \$ 250 / \$ 500 |                                  |      | SEARCH FEE                              |                        |    | SEARCH FEE   | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                 | minu                                                                 | s 100 =                       | / 50 =                                 |                                  |      | X \$ 125 =                              |                        | -  | "X \$'250 =  |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                 | lb min                                                               | us 20 =                       |                                        |                                  |      | X \$ 25 =                               |                        | OR | X \$ 50 =    |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                 | 7 minus 3 =                                                          |                               | . 4                                    |                                  |      | X \$ 100 =                              |                        | OR | X \$ 200 =   | 800                    |
| MULTIPLE DEPENDENT CLAIM PRE                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                 | SENT                                                                 | N                             | 7                                      |                                  |      | + \$ 180 =                              |                        | OR | + \$ 360 =   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                 |                                                                      |                               |                                        |                                  |      | TOTAL                                   |                        | OR | TOTAL        | 1700                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                 |                                                                      |                               |                                        |                                  |      | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |              |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                                                      | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY                    | PRESENT<br>EXTRA                 |      | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE         | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total                                      | •                                               | Minus                                                                | ••                            |                                        | =                                | ı    | X \$ 25 =                               | _                      | OR | X \$ 50 =    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Independent                                | •                                               | Minus                                                                | ***                           |                                        | =                                |      | X \$ 100 =                              |                        | OR | X \$ 200 =   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDEN    |                                                 |                                                                      |                               | CLAIM                                  |                                  |      | + \$ 180 =                              |                        | OR | + \$ 360 =   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | •                                               | TOTAL ADDIT.<br>FFF                                                  |                               | OR                                     | TOTAL ADDIT.<br>FFF              |      |                                         |                        |    |              |                        |
| (Cotumn 1) (Cotumn 2) (Cotumn 3)                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                 |                                                                      |                               |                                        |                                  |      |                                         |                        |    |              |                        |
| AMENDMENT 8                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                                                      | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY                    | PRESENT<br>EXTRA                 |      | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE         | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total                                      | •                                               | Minus                                                                | **                            |                                        | =                                | I    | X \$ 25 =                               |                        | OR | X \$ 50 =    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Independent                                | •                                               | Minus                                                                | ***                           |                                        |                                  |      | X \$ 100 =                              |                        | OR | X \$ 200 =   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT ( |                                                 |                                                                      |                               | CLAIM                                  |                                  |      | + \$ 180 =                              |                        | OR | + \$ 360 =   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                                                      |                               |                                        |                                  |      | TOTAL ADDIT.<br>FFF                     |                        | OR | TOTAL ADDIT. |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |                                            |                                                 |                                                                      |                               |                                        |                                  |      |                                         |                        |    |              |                        |

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